

Chapter One

Introduction

This book looks at a small number of the popular medicines that the public once purchased in the belief that these medicines would cure their illnesses and diseases at prices they could afford. Until the 20th century, doctors' and physicians' fees were out of the question for much of the population.

It is very difficult to date the start of the selling of medicines. It is known that in Britain in the 1100s and 1200s, spicers, who were retail sellers of spices, began compounding and selling medicines. By the end of the 1200s they had combined with the pepperers, wholesale sellers of spices, to form the apothecaries and the first recorded apothecary shop to sell medicines was in 1345. In the 1700s the chemists and druggists appeared, who sold medicines and dispensed prescriptions. In 1841 they, and some of the apothecaries, joined forces to form the Pharmaceutical Society of Great Britain.

Types of medicine

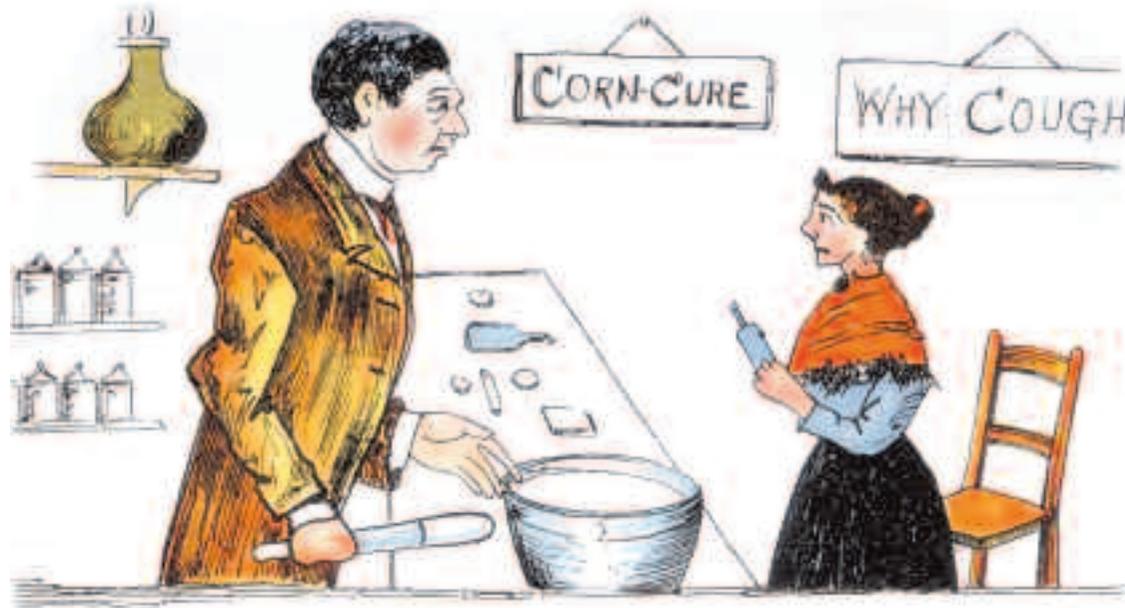
It is important to define the different types of medicine that have been available to the general public.

Nostrum

A nostrum is a traditional product of the apothecary's or chemist's own compounding. The word *nostrum* is Latin and simply means 'ours'. They frequently kept a book of recipes for making up their own nostrums,

Left: © Royal
Pharmaceutical Society

which would have included medicines, cosmetics and toilet preparations, animal medicines, polishes, inks and dyes. The product would probably bear the compounder's own label. Nostrums were a way of avoiding the payment of medicine tax (see page 4).



© Royal Pharmaceutical Society | *The Chemist explained to his daughter
This stuff that you see in this mortar
You can sell for a cough,
Or take a corn off
By adding a little more water*

Quack medicines

Quacks appeared in force during the 1600s. They were also known as charlatans or mountebanks.

The *Oxford English Dictionary* defines a quack as 'an ignorant pretender to skill especially in medicine or surgery, one who offers wonderful remedies or devices'. The derivation of the word 'quack' is probably that it was short for quacksalver or quicksilver, which is mercury and one of the most popular ingredients of the quack's medicine. Another theory is that the word resembles the noise made by the quack as he delivers a presentation to a crowd. The word charlatan is from the Italian

cialare, to patter, and mountebank from the Italian *monta in banco* – mount on a bench – the position from which a quack would sell his wares.

Quack remedies could contain nothing of medicinal value or perhaps compounds of opium, mercury or antimony. The quack himself would gather a crowd and make wonderful claims for the healing properties of his medicine. In some cases, he would have colleagues planted in the audience who would testify how they had been cured of insufferable ills by this man's medicine. Sales would be made and the team would move on to a new location.

Daniel Defoe in his *Journal of the Plague Year*, 1723, states 'People ran madly after every quack, mountebank and practising old woman who had an antidote or remedy to sell'.

He goes on to mention 'infallible preventive pills', 'never-failing preservatives' and 'sovereign cordials'.

A century later Oliver Goldsmith, who was a physician, stated '*The English are peculiarly excellent in the art of healing. There is scarcely a disorder against which they are not possessed of an infallible antidote. The advertising professors here delight in cases of difficulty. You will find numbers in every street, who, by levelling a pill at the part affected, promise a certain cure*'.

Patent medicines

Patent medicines were deemed respectable because of their association with ancient, royal letters patent, which granted to an individual the sole manufacturing rights for a unique product. To obtain the patent the ingredients of the remedy had to be declared, as well as any manufacturing processes used in the preparation. Patent medicines



Travelling medicine seller 'Dr Drench' claims 'My drops and my pills will cure all your ills'. (Probably 18th century.) © Royal Pharmaceutical Society

“ by levelling a pill at the part affected, promise a certain cure ”

included Anderson's Scots Pills (*Chapter 2*) and Dr James's Fever Powder (*Chapter 12*).

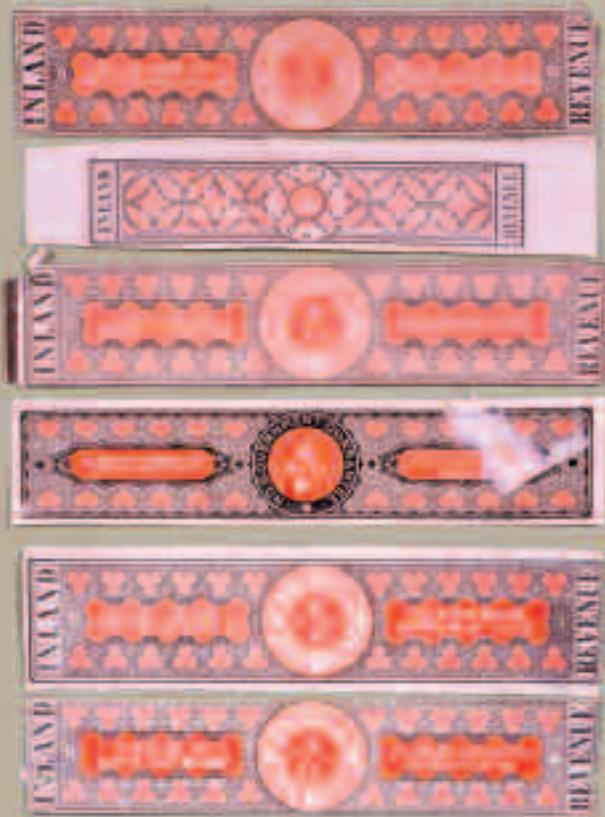
Proprietary medicine

The *Oxford English Dictionary* defines a proprietary medicine as 'sale of which is protected by patent etc.'. The word proprietary simply means 'owned'.

By contrast to the very formal patenting of medicines, 'secret' formula remedies could cloak their formulas in mystery by simply taking out a trademark. By registering and protecting just the product's name, manufacturers could both discourage outright imitation and capitalise on advertising which had its boom years in the 1800s.

Sale of proprietary medicines was not restricted to Great Britain.

© Royal Pharmaceutical Society | Manufacturers were free to export their wares and dealers could import. A number of the medicines featured in this book were produced in the United States of America.



Taxation

The government could see possibilities from the public popularity of proprietary medicines and they became one of the first retail items to be used to raise money by taxation.

In the budget of 1783, a medicine tax was imposed on medicines that were sold by unqualified people – so this excluded doctors and apothecaries. As most sales were through apothecaries, the forerunners to chemists and pharmacists, the tax brought in very little revenue. Non-excluded vendors had to pay a licence fee of 20 shillings or 20/- (£1.00) in London and 5/- (25p) anywhere else. Each

medicine had to be wrapped in a piece of paper bearing a government stamp, which stated the amount of duty charged. Adhesive stamps did not appear until 1802. The vendor sent his wrapper to a gentleman called the Commissioner of Stamps who stamped the wrapper and returned it to the vendor.

Penalties for unlawful sales were severe.

- Penalty for selling without licence, 5/- (25p).
- Penalty for selling without proper cover, 5/- (25p).
- Penalty for fraudulently cutting, tearing or taking off such cover, or making use of covers more than once, 10/- (50p).
- Penalty for buying or selling covers used once in order that they may be used again, 10/- (50p).
- Forging any seal, stamp or mark with intent to defraud. Punishment of death without benefit of clergy.

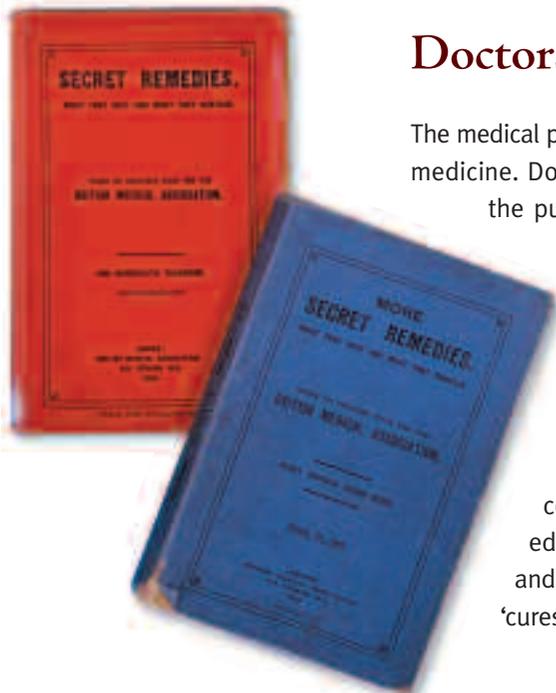
The 1783 Act was replaced by various acts culminating in the Medicines Stamp Act, 1812. Under this act a stamp, representing the tax paid, had to be attached to all manufactured medicines. The sum was dependent on the cost of the medicine. For example, the tax was a penny halfpenny (1½d) on a medicine with a cost of up to 1/-, such as Elliman's Embrocation, and 3d for medicines costing 1/- to 2/6d such as California Syrup of Figs (see illustration on page 4). This tax was doubled in 1915 as a wartime measure.

In 1940 purchase tax was introduced, which added a percentage of the price of the goods, usually 33% on proprietary medicines, and the Stamp Act was abolished. Value added tax (VAT), which added a percentage to the retail cost, replaced purchase tax in 1973.

Controls over quack and proprietary medicines and their claims as cures were not possible despite laws that were enforced. These laws included the Arsenic Act, 1849, which regulated the sale of that poison, the Pharmacy Act, 1868, limited the sale of medicinal poisons to pharmacists only and the Pharmacy and Poisons Act, 1908, which defined which substances were poisons. None of these acts had any effect on the medicines themselves other than to ensure certain substances were excluded from use, such as arsenic.

Doctors' displeasure

The medical profession was not happy with the public's use of proprietary medicine. Doctors wanted the public to pay to use their services, but the public sought medicines directly from the pharmacist that they believed would cure their illness at low financial cost. In 1909 the British Medical Association attempted to discredit manufacturers by producing a publication called *SECRET REMEDIES – What they cost and what they contain*. Popular medicines of the day were analysed and their ingredients stated and costed. Many were found to be of little or no benefit for the conditions for which they were recommended. A further edition appeared in 1912. Thousands of the books were sold and, although they may have made a small impression, the 'cures' remained popular.



© Royal Pharmaceutical Society

Proprietary Articles Trade Association

Returning to the end of the 1800s, it would have seemed that all was well for chemists and druggists selling these well-advertised proprietary medicines. However this was not the case. There was a great deal of competition from grocers, the emergent multiple drug stores of Jesse Boot and his contemporaries and many other retail outlets, including booksellers. All over the country, companies were cutting the price of proprietary medicines as well as other drugs and household requisites.

The manufacturers were helping the companies. They would offer large discounts on large orders and this discount could be used to lower the retail price. The small chemist and druggist could not afford, or did not have, sufficient sales to be able to buy extra stock and thus compete. He was, in some cases, paying the same price to buy the goods as the multiples were selling the goods. An editorial in *The Chemist and Druggist* in 1893 declared that 'price cutting would see the annihilation of pharmacy proper' and that, within a few years, 'a few companies would supply all of the pharmaceutical requirements of the country'.

Enter William Samuel Glyn-Jones. In 1894 he opened a pharmacy as Glyn & Co. in a poor area of East London. Half of his trade was the sale of proprietary medicines, which produced a very low 7½% profit as he was having to cut prices to compete with others. He decided that price cutting was a foolish policy and took it upon himself to try to organise retail chemists to press for controlled prices and reasonable margins from manufacturers.

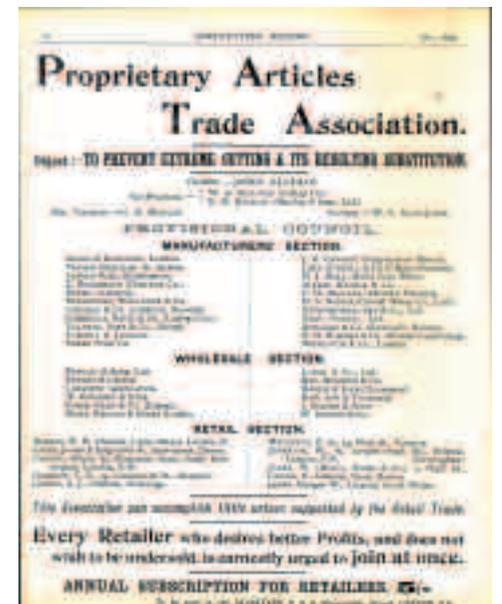
In November 1895 he published a paper called the *Anti-Cutting Record*. His initial run was 5000 copies, which were distributed throughout Britain. He advocated margins of 25% on medicines containing poisons, which only qualified persons could sell, and 15–20% on others. About 600 pharmacists responded who liked the idea. He worked on manufacturers but after six months had the manufacturers of only twelve proprietary medicines on his list. This was enough encouragement to announce in January 1896 the formation of the Proprietary Articles Trade Association (PATA). He kept campaigning, believing that only resale price maintenance would halt the march of the multiples and help the small man survive. Jesse Boot, of Boots the Chemists, was not amused! He was worried that inability to cut prices would mean lost business and was determined to smash the PATA. He and William Day (of Day's Drug Stores) decided to have a mammoth sale of PATA-protected goods. They bought from every source including buying at retail from pharmacists and stored the goods in a disused chapel in London. There was a fire and the goods were destroyed. Some said this was divine intervention. But because of the publicity more small pharmacists realised the dangers and joined Glyn-Jones and the PATA. By 1898 membership was more than 3000.

It was still difficult to persuade manufacturers that resale price maintenance was a good idea. One worry was that chemists would substitute nostrums for



William Samuel Glyn-Jones, 1920s
© Royal Pharmaceutical Society

Below: From *Anti-cutting Record* 1896 © Royal Pharmaceutical Society



proprietary medicines. The Medicine Stamp Act did not apply to articles of the chemists' own manufacture. In fact, there was a publication that ran for many years, called *Pharmaceutical Joint Formulary*, published by the Pharmaceutical Society, which included formulas for many counter products as well as suggested formulas of many of the proprietary medicines.

The PATA survived. Manufacturers recognised the fact that controlled prices did not mean lower profits. In 1899 Boot and Day abandoned their opposition and gradually company chemists joined the association. Boot realised that resale price maintenance did not mean fixed wholesale prices and that he could still buy in bulk and make his profits.

Many other trades and manufacturers followed suit and imposed resale price maintenance but it was finally decreed to be against the public interest, and Parliamentary Acts of 1964 and 1976 abolished it on all goods except medicines. On 15 May 2001 the High Court decreed that resale price maintenance on medicines was not in the public's interest and it too was abolished. Later in that year the PATA ceased to function.

Advertising

Proprietary Association of Great Britain

The 1800s saw a huge rise in the number of proprietary medicines. The biggest reason for this growth was the power of advertising. Various media were used, including fliers and newspapers, which often included testimonials (true or false) from 'satisfied customers' who extolled the curative properties of the medicine.

Returning to 1919 and to Glyn-Jones, the government had set up a Department of Health and was about to introduce a bill based on recommendations of a Select Committee on patent medicines. Glyn-Jones thought it essential to set up an association to represent the manufacturers of proprietary medicines. Forty-seven firms met on 2 June 1919 to set up the Association of Manufacturers of British Proprietaries.

At the first meeting on 17 June, it was agreed that members should submit examples of packaging, details of ingredients, place of manufacture and therapeutic and dietetic effects. Firms that dealt with products that might be used as abortifacients or advertised cures for incurable diseases would be excluded from membership. The word 'cure' was allowed provided that it did not claim 'infallibility, certainty or guarantee'. However, the bill did not at that stage lead to an act. The Association continued and, in 1926, changed its name to become the Proprietary Association of Great Britain (PAGB).

A main function of the PAGB has been the control of advertising. In 1924 the PAGB wrote to all newspapers to inform them of its objectives, which in turn led to the newspapers consulting the PAGB on advertising matters, although inconsistency in the type of advertising that they accepted continued. The PAGB formally adopted a Code of Standards of Advertising Practice in 1937, which was accepted by the Advertising Association in 1939 and became the model for rules operated by all of the press organisations in the United Kingdom. The Pharmacy and Medicines Act, 1942, which included controls on advertising of certain diseases, also used the code as a guide.

Today, members of the PAGB still submit advertising and packaging for pre-vetting to ensure the highest standards in press, radio, television and cinemas.

In America, the Food, Drugs and Cosmetics Act, 1938, had similar effects on false advertising and deceptive or unfair practices in the sale of medicines.

National Health

The National Health Insurance Act, 1912, provided free medical treatment to all insured persons. They had to pay for their dependants. Against all predictions this act and the doubling of medicine stamp duty in 1915 had virtually no effect on the sale of proprietary medicines. In 1914 there were 40,000 holders of patent medicine licences; by 1926 this had risen to 60,000 and ten years later the figure exceeded 160,000.

The introduction of the National Health Service in 1948 meant free medicine for all – at least that was the idea. Doctors had the freedom to prescribe any medicine that they wished. Sales of proprietary medicines were depressed and, gradually, many fell from favour and were discontinued.

In 1952 a prescription charge was introduced. Initially the charge was 1/- (5p) per form regardless of the number of medicines and dressings prescribed. This charge was later increased to one shilling per item and then increased year after year. Prescribable proprietary medicines became restricted to those that were not advertised to the public.

In 1984 the Government delivered a heavy blow to the NHS patient. As from the 1 April 1985 only certain medicines would be prescribable on the NHS. The prescribing of a multitude of medicines was forbidden, including cough remedies, digestives, laxatives and analgesics, many of them being household names such as Benylin, Codis, Disprin and Panadol. This is the Black List – a list of all medicines that are *not* allowed to be prescribed on the National Health Service. It was bad news for patients and manufacturers of prescription medicines. However, the combination of the Black List and the escalating prescription charges produced an increase in over-the-counter medicine sales.

Medicines today

In recent years there has also been a great deal of interest in complementary or alternative medicine. Homoeopathy, herbal medicine, aromatherapy, Bach remedies and many more have added to the number of proprietary medicines that are available.

Rather than a box as illustrated on page 11, nowadays one might purchase Regaine Topical Solution for slowing hair loss, one of the increasing number of former prescription-only medicines that are becoming available over the counter in pharmacies. Other such medicines include drugs to reduce gastric acidity, steroids for allergies, antiviral creams for cold sores and tablets to reduce cholesterol levels.

